

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214530399						
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: Medical Eye Services, Inc.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: PARACORP INCORPORATED 7288 HANOVER GREEN DRIVE MECHANICSVILLE, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HANOVER COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: CA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 6/30/2014</p> <p>SCC ID NO: F1631748</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">CLASS</th> <th style="width: 50%;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>1,000,000</td> </tr> <tr> <td>PREFER</td> <td>100,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	1,000,000	PREFER	100,000
CLASS	AUTHORIZED							
COMMON	1,000,000							
PREFER	100,000							
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 345 BAKER ST</p> <p style="margin-left: 40px;">CITY/ST/ZIP: COSTA MESA, CA 92626</p>								
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: ASPASIA SHAPPET TITLE: PRESIDENT/CEO ADDRESS: 345 BAKER ST CITY/ST/ZIP/CO: COSTA MESA, CA 92626 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: ASPASIA SHAPPET TITLE: PRESIDENT/CEO ADDRESS: 345 BAKER ST CITY/ST/ZIP/CO: COSTA MESA, CA 92626	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR			
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SYLVIA L. URBANIEC SECRETARY 345 BAKER ST. COSTA MESA, CA 92626	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT BJORKQUIST DIRECTOR 155 CHRISTOPHER DRIVE SAN FRANCISCO, CA 94131	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RONALD FOLTZ, M.D. DIRECTOR 1000 FOWLER WAY #2 PLACERVILLE, CA 95667	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DENNIS METAS PRESIDENT 302 SYCAMORE VALLEY ROAD DANVILLE, CA 94526	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CARTER SHRUM DIRECTOR 6039 CHARAE STREET SAN DIEGO, CA 92122	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL TIERNAN DIRECTOR 1225 SAN CARLOS AVENUE SAN CARLOS, CA 94070	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAUL T. URREA, M.D. DIRECTOR 850 S. ATLANTIC AVENUE #301 MONTEREY PARK, CA 91754	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ SYLVIA L. URBANIEC SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SYLVIA L. URBANIEC, SECRETARY PRINTED NAME AND CORPORATE TITLE	6/13/2014 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			